



## Complaint Form

<b>Program:</b>	
<b>Complainant:</b>	
<b>Name of individual complaint concerns if different than complainant:</b>	
<b>Phone number:</b>	
<b>Email:</b>	
<b>Complaint received by:</b>	
<b>Date of complaint:</b>	
<b>Type:</b>	<input type="checkbox"/> Complaint <input type="checkbox"/> Appeal <input type="checkbox"/> Grievance <input type="checkbox"/> Compliment

**Complaint Details** (Please include method of complaint, dates, applicable staff and details of the complaint. Attach necessary documentation)

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**Resolution** (Please include proposed solution to address the nature of the complaint including any process, staff or program/policy changes. Review resolution with program/department manager prior to communicating with complainant)

**Manager Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date resolution was communicated with complainant:**

**Is the complainant satisfied with the resolution?**

**Yes**

**No**

**Date complaint/appeal/grievance closed:**